Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN1803	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	08/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDRIDGE HEALTH AND REHAB CTR	456 WAYNE AVENUE CROSSVILLE, TN 38555

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical enviornment for the safety of the patients. The findings included: 1. Observation on 8/1/16 at 9:56 AM, revealed sagging and busted ceiling tiles above the toilet in the bathroom of patient room 107. 2. Observation on 8/1/16 at 10:01 AM, revealed night lights not working in the patient rooms of 120 and 213. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 8/1/16.	N 831	1. What corrective action(s) will be accomplished for those residents found to have been affected: It was determined that no residents were Adversely affected by this deficiency 2. How you will identify other residents having the Potential to be affected by the same deficient Practice and what corrective action will be taken All residents of the facility have the potential to be affected. 3. What measures will be put into place or what Systematic changes you will make to ensure that the Deficient practice does not occur: 1) Maintenance Department replaced damaged Ceiling tile in room 107 2) Maintenance Department replace light bulbs In night light in rooms 120 and 213	8/5/16 8/5/16
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.	N 848	4. How the corrective action(s) will be monitored to Ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place	

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	445304	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/01/2016

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			N831 cont Maintenance Director and Assistant Maintenance Director will monitor ceiling tiles on monthly Check list. Maintenance Director and Assistant Maintenance Will monitor all night lights on monthly check List. Directors will present monthly check List to QAPI committee	

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N 848	Continued From page 1 This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the correct negative air pressure where required. The findings included: 1. Observation on 8/1/16 at 9:27 AM, revealed the clean side (dryer) room had negative air pressure flowing from the dirty side (washers) room. 2. Observation on 8/1/16 at 9:46 AM, revealed the 100 hall storage (janitor's closet) negative exhaust fan not operating. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 8/1/16.	N 848 N848	1. What corrective action(s) will be accomplished for those residents found to have been affected: It was determined that no residents were Adversely affected by this deficiency 2. How you will identify other residents having the Potential to be affected by the same deficient Practice and what corrective action will be taken All residents of the facility have the potential to be affected. 3. What measures will be put into place or what Systematic changes you will make to ensure that the Deficient practice does not occur: 1) Maintenance department will remove fan In washer room to maintain correct flow. 8/5/16 2) Maintenance department installed new Exhaust fan in 100 hall storage janitors closet. 8/19/16	
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.	N1410		

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			N848 Cont 4. How the corrective action(s) will be monitored to Ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place. Maintenance Director and Assistant Maintenance Director will monitor negative exhaust Fans on monthly Check list. Directors will present monthly check List to QAPI committee.	

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N1410	Continued From page 2 (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on document review, the facility failed to conduct the required earthquake disaster preparedness drill. The findings included: Document review on 8/1/16 at 10:01 AM, revealed the facility failed to conduct an earthquake preparedness drill during 2015. This finding was verified by maintenance and acknowledged by the administrator during the exit conference on 8/1/16.	N1410	1. What corrective action(s) will be accomplished for those residents found to have been affected: It was determined that no residents were Adversely affected by this deficiency 2. How you will identify other residents having the Potential to be affected by the same deficient Practice and what corrective action will be taken All residents of the facility have the potential to be affected 3. What measures will be put into place or what Systematic changes you will make to ensure that the Deficient practice does not occur: Maintenance director will conduct annual Earthquack drill. 4. How the corrective action(s) will be monitored to Ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place Maintenance Director and Assistant Maintenance Director will monitor and conduct external disaster Procedures for tornado, flood, earthquake. Will be exercised prior to March. Disaster procedures will be presented to QAPI committee	8/24/16